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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your	Ian First name C Middle name Holst	Emilie First name M Middle name Holst
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	Emilie M. Sluis	
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9581	xxx-xx-8431

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Debtor 1 lan C Holst Debtor 2 Emilie M Holst

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	436 Homan Avenue	If Debtor 2 lives at a different address:
		Park Forest, IL 60466 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Cook	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	 Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

Dah	tor 1	Ian C Holst			Document	Page 3 of	51		
	tor 2	Emilie M Holst					Case number	(if known)	
Part	2:	Tell the Court About	our Bankru	ıptcy Case					
7.	Bank	chapter of the cruptcy Code you are			escription of each, s the top of page 1 a			342(b) for Individuals Filir	ng for Bankruptcy
	choc	sing to file under	■ Chapte	r 7					
			☐ Chapte	r 11					
			☐ Chapte	r 12					
			☐ Chapte	r 13					
8.	How	you will pay the fee	abou orde	t how you mag	y pay. Typically, if yo	ou are paying the f	ee yourself, you m	rk's office in your local co lay pay with cash, cashie ney may pay with a credi	er's check, or money
			_		fee in installments nstallments (Official	•	option, sign and a	attach the Application for	Individuals to Pay
			☐ I req	uest that my	fee be waived (You	may request this		are filing for Chapter 7. B	
			appli	es to your fam	nily size and you are	unable to pay the	fee in installments	less than 150% of the off). If you choose this option B) and file it with your pe	on, you must fill out
9.		you filed for ruptcy within the	■ No.						
		years?	☐ Yes.						
				District		When		·	
				District					
				District		When		Case number	
10.		iny bankruptcy s pending or being	■ No						
	filed not f you,	by a spouse who is iling this case with or by a business er, or by an	☐ Yes.						
				Debtor				Relationship to you	
				District		When		Case number, if known	
				Debtor				Relationship to you	
				District		When		Case number, if known	
11.		ou rent your lence?	□ No.	Go to line 12	2.				
	16910	GIIOC !	Yes.	-		viction judgment a	gainst you and do	you want to stay in your	residence?
				■ No. 0	Go to line 12.				

bankruptcy petition.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

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	tor 1	lan C Holst Emilie M Holst		Docui	Case number (if known)
Par	i 3:	Report About Any Bu	sinesses	You Own as a Sole Prop	rietor
12.	of an	ou a sole proprietor y full- or part-time ness?	■ No.	Go to Part 4.	
			☐ Yes.	Name and location of	pusiness
	busin an in sepa as a	e proprietorship is a ess you operate as dividual, and is not a rate legal entity such corporation, ership, or LLC.		Name of business, if a	ny
	If you sole p	have more than one proprietorship, use a rate sheet and attach		Number, Street, City, S	State & ZIP Code
	it to t	nis petition.		Check the appropriate	box to describe your business:
				☐ Health Care B	usiness (as defined in 11 U.S.C. § 101(27A))
				☐ Single Asset R	eal Estate (as defined in 11 U.S.C. § 101(51B))
				☐ Stockbroker (a	s defined in 11 U.S.C. § 101(53A))
				☐ Commodity Br	oker (as defined in 11 U.S.C. § 101(6))
				☐ None of the above	ove
13.	Chap Bank	ou filing under oter 11 of the cruptcy Code and are a small business	deadline operation	s. If you indicate that you a	the court must know whether you are a small business debtor so that it can set appropriate are a small business debtor, you must attach your most recent balance sheet, statement of and federal income tax return or if any of these documents do not exist, follow the procedure
		definition of small	■ No.	I am not filing under C	hapter 11.
		ness debtor, see 11 C. § 101(51D).	□ No.	I am filing under Chap Code.	ter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
			☐ Yes.	I am filing under Chap	ter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part	t 4 :	Report if You Own or	Have Anv	/ Hazardous Property or	Any Property That Needs Immediate Attention
		ou own or have any	■ No.		,,
	٠ ٠	erty that poses or is			
	of im	ed to pose a threat minent and ifiable hazard to c health or safety?	☐ Yes.	What is the hazard?	
	Or do	you own any erty that needs ediate attention?		If immediate attention is needed, why is it needed	?
	peris livest or a l	xample, do you own hable goods, or ock that must be fed, building that needs nt repairs?		Where is the property?	
	3.4	,			Number, Street, City, State & Zip Code

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Debtor 1 Ian C Holst
Debtor 2 Emilie M Holst

Debtor 2 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-26376 Doc 1 Filed 08/17/16 Entered 08/17/16 10:40:30 Desc Main Document Page 6 of 51

	otor 2 Emilie M Holst				Case nu	umber (if known)		
Par	t 6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consuindividual primarily for a personal			e defined in 11 U.S.C. §	101(8) as "incurred by an	
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily businemoney for a business or investment	ess debts? Business ent or through the oper	debts are deration of the	ebts that you incurred to business or investmen	o obtain nt.	
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe to	hat are not consumer of	debts or bus	siness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	Go to line 18.				
	Do you estimate that after any exempt property is excluded and administrative expenses	■ Yes.	I am filing under Chapter 7. Do yo are paid that funds will be availab				nd administrative expenses	
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000		☐ 25,001-5 ☐ 50,001-1 ☐ More tha	00,000	
19.	How much do you estimate your assets to be worth?	□ \$100,	550,000 101 - \$100,000 1001 - \$500,000 1001 - \$1 million	□ \$1,000,001 - \$10 □ \$10,000,001 - \$50 □ \$50,000,001 - \$7 □ \$100,000,001 - \$7	50 million 100 million	□ \$1,000,0 □ \$10,000,	0,001 - \$1 billion 00,001 - \$10 billion 000,001 - \$50 billion n \$50 billion	
20.	How much do you estimate your liabilities to be?	□ \$100,	550,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 □ \$10,000,001 - \$50 □ \$50,000,001 - \$7 □ \$100,000,001 - \$7	50 million 100 million	□ \$1,000,0 □ \$10,000	0,001 - \$1 billion 000,001 - \$10 billion ,000,001 - \$50 billion an \$50 billion	
Par	t 7: Sign Below							
For	you	I have ex	kamined this petition, and I declare	under penalty of perju	ry that the in	nformation provided is	true and correct.	
			chosen to file under Chapter 7, I ar tates Code. I understand the relief					
			rney represents me and I did not p nt, I have obtained and read the no				elp me fill out this	
		I request	relief in accordance with the chapt	ter of title 11, United S	tates Code,	, specified in this petition	on.	
			and making a false statement, con cy case can result in fines up to \$2 1.					
		/s/ lan C			Emilie M			
		Ian C He Signature	olst e of Debtor 1		nilie M Ho nature of D			
		Executed	August 17, 2016 MM / DD / YYYY	Ex	ecuted on	August 17, 2016 MM / DD / YYYY		

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Debtor 1 Debtor 2	Ian C Holst Emilie M Holst		Ca	se number (if known)	
_					
•	attorney, if you are ted by one	I, the attorney for the debtor(s) named in this under Chapter 7, 11, 12, or 13 of title 11, Unit for which the person is eligible. I also certify	ed States Code, and have	explained the relief a	vailable under each chapter
•	not represented by ey, you do not need s page.	and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.			
	. •	/s/ Patrick A. Meszaros	Date	August 17, 201	16
		Signature of Attorney for Debtor		MM / DD / YYYY	
		Patrick A. Meszaros			
		Law Office of Patrick A. Meszaros			
		Firm name			
		1100 W. Jefferson Street			

Email address

Joliet, IL 60435

Number, Street, City, State & ZIP Code

Contact phone **815-722-4001**

6239538Bar number & State

PatrickMeszaros@Yahoo.com

		1700.11111	THE PAUE OUTST	
Fill in this infor	mation to identify your	case:		
Debtor 1	lan C Holst			
	First Name	Middle Name	Last Name	
Debtor 2	Emilie M Holst			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	V	
		ssets of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	13,785.14
1c. Copy line 63, Total of all property on Schedule A/B	\$	13,785.14
rt 2: Summarize Your Liabilities		
		abilities t you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	10,834.32
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	33,031.10
Your total liabilities	\$	43,865.42
rt 3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,010.02
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,991.82
rt 4: Answer These Questions for Administrative and Statistical Records		
Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
■ Yes What kind of debt do you have?		
	1a. Copy line 55, Total real estate, from Schedule A/B	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Debtor 1 Ian C Holst
Debtor 2 Emilie M Holst

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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,727.74

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	9,000.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	9,000.00

Fill in Debtor			Document	Page 10 of 51		
Debtor	this info	ormation to identify your	case and this filing:			
	· 1	Ian C Holst				
Dobto	. ว	First Name	Middle Name	Last Name		
Debtor (Spouse		Emilie M Holst First Name	Middle Name	Last Name		
United	States I	Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS		
Case r	number					☐ Check if this is an
				_		amended filing
Offic	ial F	orm 106A/B				
_		ıle A/B: Prop	ertv			12/15
			e items. List an asset only once. If	f an asset fits in more than o	ne category, list the asset ir	
nforma		nore space is needed, attach	te as possible. If two married peop a separate sheet to this form. On t			
Part 1:	Describ	be Each Residence, Building	, Land, or Other Real Estate You O	Own or Have an Interest In		
. Do y	ou own o	or have any legal or equitable	e interest in any residence, building	g, land, or similar property?		
■ No	o. Go to F	Part 2.				
□ Ye	es. Wher	re is the property?				
Part 2:	Describ	be Your Vehicles				
B. Cars	0	trucks, tractors, sport ut	ility vehicles, motorcycles			
□ N ■ Y	o es	, , , , , , , , , , , , , , , , , , ,		the property? Cheek are	Do not deduct secured of	laims or exemptions. Put
□ N ■ Y	0	Kia Rondo	Who has an interest in t	the property? Check one	the amount of any secur	ed claims on Schedule D:
□ N ■ Y	o es Make:	Kia		t he property? Check one	the amount of any secur Creditors Who Have Cla	ed claims on Schedule D: ims Secured by Property.
□ N ■ Y	O es Make: Model: Year:	Kia Rondo	Who has an interest in t ☐ Debtor 1 only ☐ Debtor 2 only		the amount of any secur	ed claims on Schedule D:
□ N ■ Y	O es Make: Model: Year: Approxim	Kia Rondo 2008	Who has an interest in t ☐ Debtor 1 only ☐ Debtor 2 only	c only	the amount of any secur Creditors Who Have Cla Current value of the	ed claims on Schedule D: ims Secured by Property. Current value of the
□ N ■ Y	O es Make: Model: Year: Approxim	Kia Rondo 2008 nate mileage: 100	Who has an interest in t □ Debtor 1 only □ Debtor 2 only ■ Debtor 1 and Debtor 2	2 only otors and another	the amount of any secur Creditors Who Have Cla Current value of the	ed claims on Schedule D: ims Secured by Property. Current value of the
3.1 Number of the second of t	Make: Model: Year: Approxim Other info	Kia Rondo 2008 mate mileage: 100 formation: aircraft, motor homes, A coats, trailers, motors, perso	Who has an interest in t □ Debtor 1 only □ Debtor 2 only 000 ■ Debtor 1 and Debtor 2 □ At least one of the det □ Check if this is comment (see instructions) TVs and other recreational vehonal watercraft, fishing vessels, so where the content of the content o	e only botors and another munity property nicles, other vehicles, and snowmobiles, motorcycle a	the amount of any secur Creditors Who Have Cla Current value of the entire property? \$8,000.00 diaccessories ccessories y entries for	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 1

Case 16-26376 Doc 1 Filed 08/17/16 Entered 08/17/16 10:40:30 Desc Main Document Page 11 of 51 Ian C Holst Debtor 1 Debtor 2 **Emilie M Holst** Case number (if known) 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$1,200.00 Furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... Clothing \$750.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1.950.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets

Da way awa an hawa any land an ac

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Case 16-26376 Doc 1 Filed 08/17/16 Entered 08/17/16 10:40:30 Desc Main Page 12 of 51 Document Debtor 1 Ian C Holst Debtor 2 **Emilie M Holst** Case number (if known) 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... \$38.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **TCF Bank** \$22.00 checking 17.1. **US Bank** \$90.41 checking 17.2. **US Bank - Mothers bank account** \$30.00 Savings 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 403B **Archdiocese of Chicago** \$3,654.73 22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

■ No

Institution name or individual: ☐ Yes.

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

_			Doc 1		Entered 08/17/16 10:40:30 Page 13 of 51	Desc Main
	ebtor 1 ebtor 2	lan C Holst Emilie M Holst			Case number (if known)	
	■ No □ Yes	Institution na	ime and desc	ription. Separately file th	e records of any interests.11 U.S.C. § 521(c):	
	Trusts, ■ No	equitable or future intere	sts in prope	rty (other than anythin	g listed in line 1), and rights or powers exe	rcisable for your benefit
		Give specific information a	bout them			
		s, copyrights, trademarks les: Internet domain names				
	☐ Yes.	Give specific information a	bout them			
27.		es, franchises, and other les: Building permits, exclu			holdings, liquor licenses, professional licens	3 S
	☐ Yes.	Give specific information a	bout them			
Mo	oney or p	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	unds owed to you				
	■ No □ Yes. 0	Give specific information at	oout them, inc	cluding whether you alrea	ady filed the returns and the tax years	
	■ No	support les: Past due or lump sum Give specific information		usal support, child suppo	ort, maintenance, divorce settlement, property	settlement
30.		mounts someone owes y les: Unpaid wages, disabili benefits; unpaid loans	ty insurance p		efits, sick pay, vacation pay, workers' comper	nsation, Social Security
	_	Give specific information				
31.		ts in insurance policies les: Health, disability, or life	e insurance; h	nealth savings account (I	HSA); credit, homeowner's, or renter's insurar	nce
	☐ Yes. N	Name the insurance compa Com	any of each popany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
32.	If you a	erest in property that is dure the beneficiary of a living the has died.			d surance policy, or are currently entitled to rece	eive property because
	☐ Yes.	Give specific information				
	Examp ■ No	les: Accidents, employmen			t or made a demand for payment to sue	
		Describe each claim				and afficials:
	■ No	ontingent and unliquidate Describe each claim	ed claims of	every nature, including	g counterclaims of the debtor and rights to	SET Off CIAIMS
	Any fina ■ No	ancial assets you did not	already list			

Official Form 106A/B Schedule A/B: Property page 4

Case 16-26376 Doc 1 Filed 08/17/16 Entered 08/17/16 10:40:30 Desc Main Document Page 14 of 51 Ian C Holst Debtor 1 Debtor 2 **Emilie M Holst** Case number (if known) ☐ Yes. Give specific information.. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$3.835.14 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$8,000.00 Part 3: Total personal and household items, line 15 57. \$1,950.00 Part 4: Total financial assets, line 36 \$3,835.14 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$13,785.14 Copy personal property total \$13,785.14

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$13,785.14

		I A A J II I I I I		
Fill in this infor	mation to identify your	case:		
Debtor 1	Ian C Holst			
	First Name	Middle Name	Last Name	
Debtor 2	Emilie M Holst			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this amended fili

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Id	entify the	Property	/ You C	Claim as	Exemp	١t
------------	------------	----------	---------	----------	-------	----

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Furniture Line from Schedule A/B: 6.1	\$1,200.00		\$1,200.00	735 ILCS 5/12-1001(b)
Zino nom conceano 772. con			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$750.00		\$750.00	735 ILCS 5/12-1001(a)
Line non ochedale AVD. 11.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$38.00		\$38.00	735 ILCS 5/12-1001(b)
Line from Schedule AVD. 10.1			100% of fair market value, up to any applicable statutory limit	
checking: TCF Bank Line from Schedule A/B: 17.1	\$22.00		\$22.00	735 ILCS 5/12-1001(b)
Line non ochedale AVD. 17.1			100% of fair market value, up to any applicable statutory limit	
checking: US Bank	\$90.41		\$90.41	735 ILCS 5/12-1001(b)
LING HOTH SCHEUUIG PVD. 11.2			100% of fair market value, up to any applicable statutory limit	

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Emilie M Holst Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Savings: US Bank - Mothers bank 735 ILCS 5/12-1001(b) \$30.00 \$30.00 account Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 403B: Archdiocese of Chicago 735 ILCS 5/12-1006 \$3,654.73 \$3,654.73 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Debtor 1

Yes

se 16-26376				40:30 Desc N	iain
nation to identify you		1 /////	7 (71 . 71		
lan C Holst					
First Name	Middle Name	Last Name		-	
Emilie M Holst					
First Name	Middle Name	Last Name			
nkruptcy Court for the:	NORTHERN DISTRICT OF ILI	LINOIS			
				_	if this is an
n 106D					
D: Creditors	Who Have Claims	Secure	d by Propert	У	12/15
l accurate as possible. Additional Page, fill it d	If two married people are filing togeth out, number the entries, and attach it	ner, both are ed to this form. C	qually responsible for su on the top of any additio	upplying correct informa nal pages, write your na	tion. If more space me and case
have claims secured by	your property?				
this box and submit the	nis form to the court with your other	r schedules. Y	ou have nothing else t	o report on this form.	
all of the information	below.				
	ways then are accurred alaim list the are	aditar aanaratah	. Column A	Column B	Column C
ore than one creditor has	a particular claim, list the other creditor	rs in Part 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
uto Finance	Describe the property that secures	the claim:			If any \$2.834.32
•		1	Ψ10,00 H02	Ψο,σσοίσσ	
174 e, WI 53201	apply.	Check all that			
City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
bt? Check one.	Nature of lien. Check all that apply.				
	• • • • • • • • • • • • • • • • • • • •	mortgage or se	cured		
	<u> </u>				
	☐ Statutory lien (such as tax lien, me	echanic's lien)			
ebtor 2 only	_				
ne debtors and another	☐ Judgment lien from a lawsuit	D	Manage 0		
•	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)	Purchase	Money Security		
	lan C Holst First Name Emilie M Holst First Name Other Description accurate as possible. I Additional Page, fill it of the information of the information of the claims. If a creditor has retended the claims in alphabetic at the claims in alphabetic of t	Ian C Holst First Name Middle Name Emilie M Holst First Name Middle Name Middle Name Middle Name Middle Name NORTHERN DISTRICT OF IL D: Creditors Who Have Claims accurate as possible. If two married people are filing togeth Additional Page, fill it out, number the entries, and attach it have claims secured by your property? this box and submit this form to the court with your other all of the information below. Secured Claims Claims. If a creditor has more than one secured claim, list the other creditors the claims in alphabetical order according to the creditor's name to the claims in alphabetical order according to the creditor's name to the claims in alphabetical order according to the creditor's name to the claims in alphabetical order according to the creditor's name to the claims in alphabetical order according to the creditor's name to the claims in alphabetical order according to the creditor's name to the claims in alphabetical order according to the creditor's name to the claims in alphabetical order according to the creditor's name to the claims in alphabetical order according to the creditor's name to the claim is apply. As of the date you file, the claim is apply. As of the date you file, the claim is apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	Ian C Holst First Name Middle Name Last Name Emilie M Holst First Name Middle Name Last Name Chruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS D: Creditors Who Have Claims Secure accurate as possible. If two married people are filing together, both are exactly additional Page, fill it out, number the entries, and attach it to this form. On the court with your other schedules. You all of the information below. Secured Claims Claims. If a creditor has more than one secured claim, list the creditor separately or than one creditor has a particular claim, list the other creditors in Part 2. As state the claims in alphabetical order according to the creditor's name. Uto Finance Describe the property that secures the claim: 2008 Kia Rondo 100000 miles As of the date you file, the claim is: Check all that apply. City, State & Zip Code Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or see	DOCUMENT Page 17 of 51	Lan C Holst First Name Middle Name Last Name Middle Name Middle Name Last Name Middle Name Last Name Middle Name

Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages.

\$10,834.32

Write that number here:

\$10,834.32

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	743C 10 20070 DC	Document	Page 18 of 51	140.00 Describent	
Fill in this info	ormation to identify your cas				
Debtor 1	lan C Holst				
200101	First Name	Middle Name	Last Name	-	
Debtor 2	Emilie M Holst				
(Spouse if, filing)	First Name	Middle Name	Last Name	-	
United States I	Bankruptcy Court for the:	NORTHERN DISTRICT OF	FILLINOIS	-	
Case number (if known)				☐ Check if this is an amended filing	
Schedule	rm 106E/F E/F: Creditors Wh			12/15	
any executory co Schedule G: Exe Schedule D: Cre left. Attach the C name and case r	ontracts or unexpired leases the cutory Contracts and Unexpire ditors Who Have Claims Secure ontinuation Page to this page. number (if known).	at could result in a claim. Al d Leases (Official Form 1060 d by Property. If more space If you have no information to	DRITY claims and Part 2 for creditors with so list executory contracts on Schedule AG). Do not include any creditors with partie is needed, copy the Part you need, fill it be report in a Part, do not file that Part. On	VB: Property (Official Form 106A/B) and o ally secured claims that are listed in out, number the entries in the boxes on t	n he
	All of Your PRIORITY Unse litors have priority unsecured c				—
	• •	iainis against you!			
■ No. Go to	o Part 2.				
Part 2: List	All of Your NONPRIORITY				
Yes. 4. List all of younsecured on than one creater than the creater than	laim, list the creditor separately fo	ns in the alphabetical order or r each claim. For each claim li	with your other schedules. of the creditor who holds each claim. If a claim it is. Do not I you have more than three nonpriority unsecu	ist claims already included in Part 1. If more	
Part 2.				Total claim	
4.4	unt Decelution Complete	l and A dimite of			20
	unt Resolution Services prity Creditor's Name	Last 4 digits of	account number <u>unknown</u>	\$447.0)U
1801 Suite Fort L	NŴ 66th Ave 200 .auderdale, FL 33313	When was the o			
	r Street City State Zlp Code curred the debt? Check one.	As of the date y	ou file, the claim is: Check all that apply		
☐ Deb	tor 1 only	☐ Contingent			
☐ Deb	tor 2 only	☐ Unliquidated			
■ Deb	tor 1 and Debtor 2 only	□ Disputed			
☐ At le	east one of the debtors and another		RIORITY unsecured claim:		
	ck if this claim is for a commu	_	s		
debt	laim subject to offset?		arising out of a separation agreement or divol	rce that you did not	
■ No		☐ Debts to pen	sion or profit-sharing plans, and other similar	debts	
☐ Yes		Other. Specif	_{fy} collection for Sullivan Urgent	Aid Centers	

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Debtor 2 Emilie M Holst Case number (if know) 4.2 **Best Buy/CBNA** \$0.00 Last 4 digits of account number unknown Nonpriority Creditor's Name PO Box 6497 When was the debt incurred? Sioux Falls, SD 57117-6497 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit card ☐ Yes 4.3 Citi Cards Last 4 digits of account number \$1,040.95 2990 Nonpriority Creditor's Name PO Box 78045 When was the debt incurred? Phoenix, AZ 85062-8045 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit card ☐ Yes \$500.00 4.4 **CMRE Financial Services, Inc.** Last 4 digits of account number 8447 Nonpriority Creditor's Name 3075 E. Imperial Hwy. #200 When was the debt incurred? Brea, CA 92821-6753 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify collection for Radiology Imaging ☐ Yes

Debtor 1 lan C Holst

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Debtor 2 Emilie M Holst Case number (if know) 4.5 Last 4 digits of account number \$0.00 Comenity Bank/ Carsons unknown Nonpriority Creditor's Name PO Box 182789 When was the debt incurred? Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit card ☐ Yes 4.6 **Commonwealth Financial** Last 4 digits of account number unknown \$427.00 Nonpriority Creditor's Name 245 Main Street When was the debt incurred? Scranton, PA 18519 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify collection for Emp of Cook County ☐ Yes 4.7 **Discover FIN SVCS LLC** \$13,216.10 5794 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? PO Box 15316 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit card ☐ Yes

Debtor 1 lan C Holst

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Debtor 1 lan C Holst

Debt	or 2 Emilie M Holst	Case number (if know)	
4.8	Federal Loan Servicing Credit	unknown multiple Last 4 digits of account number accts	\$9,000.00
	Nonpriority Creditor's Name		
	PO Box 60610	When was the debt incurred?	<u>—</u>
	Harrisburg, PA 17106 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The of the date you me, the claim is. Officer all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	■ Student loans	
	☐ Check if this claim is for a community debt	Dbligations arising out of a separation agreement or divorce that you did no	nt.
	Is the claim subject to offset?	report as priority claims	λ
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☐ Other. Specify	
		student loan	_
			A 440.00
4.9	Foot and Ankle Associates Nonpriority Creditor's Name	Last 4 digits of account number 5670	\$140.00
	4650 Southwest Highway Oak Lawn, IL 60453	When was the debt incurred?	_
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did no report as priority claims	ot
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical	
4.1	Harris & Harris, Ltd.	Last 4 digits of account number 0258	\$2,012.72
0	Nonpriority Creditor's Name		
	111 West Jackson Boulevard	When was the debt incurred?	
	Suite 400		
	Chicago, IL 60604 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Offect all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	· · ·	
	<u> </u>	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did no	nt
	Is the claim subject to offset?	report as priority claims	л
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other Specify Collection for Advocate Memorial Hosp.	
	_ 100	- Other, Specify	

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	lan C Holst Emilie M Holst	Case nu	umber (if know)	
1	Home Med Care	Last 4 digits of account number 4328		\$225.00
	Nonpriority Creditor's Name 1916 Ridge Road Homewood, IL 60430	When was the debt incurred?		
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check	all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreeport as priority claims	eement or divorce that you did not	
	■ No	\square Debts to pension or profit-sharing plans, a	nd other similar debts	
	Yes	Other. Specify medical		
-	Ingalls Memorial Hospital	Last 4 digits of account number 7691		\$3,186.00
	Nonpriority Creditor's Name One Ingalls Drive Harvey, IL 60426	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check	all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreeport as priority claims	eement or divorce that you did not	
	■ No	Debts to pension or profit-sharing plans, a	nd other similar debts	
	Yes	Other. Specify medical		
3	Kohl's Payment Center	Last 4 digits of account number 3391		\$478.61
	Nonpriority Creditor's Name P.O. Box 2983 Milwaukee, WI 53201-2983	When was the debt incurred?		
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check	all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separation agreeport as priority claims	eement or divorce that you did not	
	■ No	\square Debts to pension or profit-sharing plans, a	nd other similar debts	
		multiple accts		
	Yes	Other. Specify credit card		

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Debtor 1 lan C Holst Debtor 2 Emilie M Holst Case number (if know) 4.1 **Lighthouse Wellness Centers** \$200.00 unknown Last 4 digits of account number 4 Nonpriority Creditor's Name 5320 159th Street When was the debt incurred? Ste 100 Oak Forest, IL 60452 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify medical 4.1 6904 **North Shore Agency** \$30.98 Last 4 digits of account number 5 Nonpriority Creditor's Name PO Box 9205 When was the debt incurred? Old Bethpage, NY 11804-9005 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Taste of Home ☐ Yes Other. Specify Collection 4.1 Radiology Imaging Consultants CORI \$235.00 Last 4 digits of account number Nonpriority Creditor's Name 75 Remittance Drive Dept 1254 When was the debt incurred? Chicago, IL 60675-1254 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify

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2 Emilie M Holst	Case number (if know)	
Sears Master Card	Last 4 digits of account number unknown	\$0.00
Nonpriority Creditor's Name PO Box 6282	When was the debt incurred?	Ψ0.00
Sioux Falls, SD 57117-6282 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one. ☐ Debtor 1 only	Пол	
Debtor 2 only	☐ Contingent ☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify credit card	
Sirius XM Radio Inc	Last 4 digits of account number 4212	\$15.24
Nonpriority Creditor's Name	Lust 4 digits of decount number	¥.5.=
PO Box 9001399	When was the debt incurred?	
Louisville, KY 40290 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify service	
Synchrony Bank /LensCrafters	Last 4 digits of account number unknown	\$567.00
Nonpriority Creditor's Name PO Box 965036	When was the debt incurred?	•••
Orlando, FL 32896-5036 Number Street City State Zlp Code	As of the date you file the claim is Cheek all that canb.	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify credit	

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Debtor 2 Emilie M Holst Case number (if know) 4.2 \$378.40 Synchrony Bank/Amazon 9656 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 960013 When was the debt incurred? Orlando, FL 32896-0013 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other, Specify credit card 4.2 Synchrony Bank/Care Credit 7517 \$931.10 Last 4 digits of account number Nonpriority Creditor's Name PO Box 960061 When was the debt incurred? Orlando, FL 32896-0013 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify credit card Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **BCA Financial** Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 18001 Old Cutler Road Part 2: Creditors with Nonpriority Unsecured Claims Ste 462 Miami, FL 33157 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Eagle Recovery Assoc** Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Payment Processing Center** Part 2: Creditors with Nonpriority Unsecured Claims 2601 W Forrest Hill Avenue Peoria, IL 61604 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Encore Receivable Management** Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 400 N. Rogers Rd. ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 3330 Olathe, KS 66062 Last 4 digits of account number

Debtor 1 lan C Holst

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Debtor 1 Ian C Holst Debtor 2 Emilie M Holst		Case number (if know)
Name and Address	On which entry in Part 1 or Part 2 or	lid you list the original creditor?
FMA Alliance, Ltd.	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 2409 Houston, TX 77252-2409		■ Part 2: Creditors with Nonpriority Unsecured Claims
Houston, 1X 77232-2409	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 or	lid you list the original creditor?
Radiology Imaging Consultants	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 1074 Harvey, IL 60426		■ Part 2: Creditors with Nonpriority Unsecured Claims
Tial vey, 12 00-20	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 or	lid you list the original creditor?
Remittance Processing	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 2983 Milwaukee, WI 53201-2983		■ Part 2: Creditors with Nonpriority Unsecured Claims
miiwaukee, 111 55201-2505	Last 4 digits of account number	9152

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total	Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	6f.	Student loans	6f.	Total	9.000.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	24,031.10
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	33,031.10

		17/7/11111	111 1 (1111. 7 / 111. 7 /	
Fill in this infor	mation to identify your	case:		
Debtor 1	Ian C Holst			
	First Name	Middle Name	Last Name	
Debtor 2	Emilie M Holst			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Nissan Motor Acceptance Corporation Attn: Bankruptcy 8900 Freeport Parkway Irving, TX 75063-2438	2015 Nissan Versa Note - Acct 25007402675 Take out August 15, 2015

		Docume	nt Page 28 d	of 51
Fill in this i	nformation to identify your	case:		
Debtor 1	Ian C Holst			
DCDIOI 1	First Name	Middle Name	Last Name	
Debtor 2	Emilie M Holst			
(Spouse if, filing		Middle Name	Last Name	
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number	er			
(if known)				☐ Check if this is an
				amended filing
Schedu Codebtors a people are fi	iling together, both are equ	re also liable for any deb ally responsible for supp	lying correct informa	as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page,
	d number the entries in the ind case number (if known)			to this page. On the top of any Additional Pages, write
1. Do yo	ou have any codebtors? (If	you are filing a joint case, o	do not list either spouse	e as a codebtor.
■ No				
☐ Yes				
Arizona	n the last 8 years, have you, California, Idaho, Louisiana			ry? (Community property states and territories include ington, and Wisconsin.)
☐ Yes.	Did your spouse, former spo	use, or legal equivalent live	with you at the time?	
in line 2 Form 10 out Col	2 again as a codebtor only i 06D), Schedule E/F (Officia	f that person is a guaran	tor or cosigner. Make	r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt
	ime, Number, Street, City, State and Z	IP Code		Check all schedules that apply:
3.1				☐ Schedule D, line
	ame			☐ Schedule E/F, line
				☐ Schedule G, line
N.	out an Otracat			
Ci	umber Street ty	State	ZIP Code	
22				Cabadula D. lina
3.2	ame			□ Schedule D, line □ Schedule E/F, line
				☐ Schedule G, line
Ni Ci	umber Street	State	ZIP Code	
CI	Ly .	Sidle	ZIP Code	

Schedule H: Your Codebtors

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	in this information to ident	fy your case:		
De		ie M Holst		
Un	ted States Bankruptcy Co	urt for the: NORTHERN DISTRI	CT OF ILLINOIS	
	se number lown)		-	Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:
0	fficial Form 106	<u> </u>		MM / DD/ YYYY
Be a		e as possible. If two married peo		12/15 I Debtor 2), both are equally responsible for
Be a sup spo atta	as complete and accurat plying correct information use. If you are separated	e as possible. If two married peon. If you are married and not filinand your spouse is not filing with form. On the top of any additional to the second seco	ng jointly, and your spouse is living ith you, do not include information a	
Be a sup spo atta	as complete and accurated plying correct information use. If you are separated the characteristics as separate sheet to the characteristics as separate sheet to the characteristics.	e as possible. If two married peon. If you are married and not filing ward your spouse is not filing ward form. On the top of any additionally	ng jointly, and your spouse is living ith you, do not include information a	Debtor 2), both are equally responsible for with you, include information about your about your spouse. If more space is needed,
Be a sup spo atta	as complete and accurate plying correct information. If you are separated to the separate sheet sheet to the separate sheet she	e as possible. If two married peon. If you are married and not filing and your spouse is not filing wis form. On the top of any additional to the job, with Employment status	ng jointly, and your spouse is living ith you, do not include information a ional pages, write your name and ca	I Debtor 2), both are equally responsible for with you, include information about your about your spouse. If more space is needed, se number (if known). Answer every question
Be a sup spo atta	as complete and accurate plying correct informations. If you are separate chase separate sheet to the transport of transport	e as possible. If two married peon. If you are married and not filing and your spouse is not filing wis form. On the top of any additional to the job, with Employment status	ng jointly, and your spouse is living ith you, do not include information a ional pages, write your name and ca Debtor 1 Employed	Debtor 2), both are equally responsible for with you, include information about your about your spouse. If more space is needed, se number (if known). Answer every question Debtor 2 or non-filing spouse Employed
Be a sup spo atta	as complete and accurate plying correct information. If you are separated to the separate sheet sheet to the separate sheet sheet to the separate sheet s	e as possible. If two married peon. If you are married and not filing and your spouse is not filing wis form. On the top of any additional and your spouse is not filing with the job, with mal Occupation	ng jointly, and your spouse is living ith you, do not include information a ional pages, write your name and ca Debtor 1 Employed Not employed	Debtor 2), both are equally responsible for with you, include information about your about your spouse. If more space is needed, se number (if known). Answer every question Debtor 2 or non-filing spouse Employed Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

How long employed there?

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2 years

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

		For Debtor 1		For Debtor 2 or non-filing spouse		
2.	\$	2,862.95	\$	1,326.00		
3.	+\$	0.00	+\$_	0.00		
4.	\$	2,862.95	\$_	1,326.00		

6 months

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Ian C Holst

Debtor 1 **Emilie M Holst** Debtor 2 Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 2.862.95 1,326.00 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 5a. 372.54 193.96 5b. Mandatory contributions for retirement plans 5b. 114.51 0.00 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 0.00 5e. Insurance 5e. 0.00 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5q. Union dues 5q. 0.00 0.00 5h. Other deductions. Specify: Medical 5h.+ \$ 520.00 \$ 0.00 Dental \$ 37.81 \$ 0.00 \$ \$ Life 6.63 0.00 \$ Disability \$ 13.48 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,064.97 193.96 6. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 1,797.98 1,132.04 List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ 0.00 0.00 8b. Interest and dividends \$ 0.00 8b. 0.00 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 80 0.00 \$ 0.00 **Unemployment compensation** 8d. 8d. \$ 0.00 0.00 **Social Security** 8e. 8e. 0.00 0.00 Other government assistance that you regularly receive 8f. Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 Pension or retirement income 8g. 0.00 8g. 0.00 Sylvan Learning Center - Debtor 80.00 0.00 Other monthly income. Specify: 2nd job 8h.+ Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 80.00 0.00 Calculate monthly income. Add line 7 + line 9. 10. \$ 1.877.98 \$ 1.132.04 \$ 3.010.02 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 11. +\$ 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 12. \$ 3,010.02 applies Combined monthly income Do you expect an increase or decrease within the year after you file this form? No. Yes. Explain: Debtor is paid 9 months out of the year corresponding with school term.

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Eill	in this informa	ation to identify yo	our occo:			Ī					
			Jui Case.								
Deb	otor 1	lan C Holst				Check if this is: An amended filing					
Deb	otor 2	Emilie M Ho	lst			A supplement showing postpetition chapter					
(Spo	ouse, if filing)					13 expenses as of	the following date:				
Unit	ted States Bankı	ruptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY				
	se number nown)										
Of	fficial Fo	rm 106J									
S	chedule	J: Your	Exper	nses				12/15			
Be info	as complete ormation. If m	and accurate as	possible.	. If two married people ar ich another sheet to this							
Par		ribe Your House	hold								
1.	Is this a joir ☐ No. Go to										
	_	es Debtor 2 live	in a separ	ate household?							
	■ N		•								
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.				
2.	Do you hay	e dependents?	■ No								
۷.	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?			
	Do not state	the						□ No			
	dependents							☐ Yes			
								□ No			
								□ Yes □ No			
								☐ Yes			
								□ No			
								☐ Yes			
3.		penses include of people other t	han	No							
		d your depende		Yes							
Par	t 2: Estim	ate Your Ongoi	ng Monthi	ly Expenses							
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp							
the		h assistance an		government assistance it cluded it on Schedule I: Y			Your exp	enses			
·		•									
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage	e 4. \$.	600.00			
	If not includ	ded in line 4:									
	4a. Real e	estate taxes				4a. S	\$	0.00			
	4b. Prope	erty, homeowner's	s, or renter	's insurance		4b. \$		0.00			
			•	upkeep expenses		4c. 3		0.00			
5.		owner's associate mortgage payme		oominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$	·	0.00			

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	otor 1 lan C Holst otor 2 Emilie M Holst	Case nur	Case number (if known)				
6.	Utilities:						
0.	6a. Electricity, heat, natural gas	6a	. \$	150.00			
	6b. Water, sewer, garbage collection	6b	. \$	0.00			
	6c. Telephone, cell phone, Internet, satellite, and cable s	services 6c	:. \$	220.00			
	6d. Other. Specify:	6d	l. \$	0.00			
7.	Food and housekeeping supplies	7	· \$	500.00			
8.	Childcare and children's education costs	8	s. \$	0.00			
9.	Clothing, laundry, and dry cleaning	9	. \$	50.00			
10.	Personal care products and services	10	. \$	50.00			
11.	Medical and dental expenses	11	. \$	100.00			
12.	Transportation. Include gas, maintenance, bus or train far Do not include car payments.	e. 12	. \$	294.00			
13.	Entertainment, clubs, recreation, newspapers, magazin	nes, and books 13	5. \$	0.00			
14.	Charitable contributions and religious donations	14	. \$	0.00			
15.	Insurance. Do not include insurance deducted from your pay or include 15a. Life insurance	15a	·	0.00			
	15b. Health insurance	15b	*	0.00			
	15c. Vehicle insurance	15c	· -	128.34			
	15d. Other insurance. Specify:	15d	l. \$	0.00			
	Taxes. Do not include taxes deducted from your pay or include Specify:	luded in lines 4 or 20. 16	i. \$	0.00			
17.	Installment or lease payments: 17a. Car payments for Vehicle 1	17a	. •	252.00			
	1 7	17a	*	253.00			
	17b. Car payments for Vehicle 2 17c. Other. Specify:	17b	·	277.24 0.00			
	17d. Other. Specify:	170 17d					
10			. Ф	0.00			
	Your payments of alimony, maintenance, and support t deducted from your pay on line 5, Schedule I, Your Inco Other payments you make to support others who do not support others.	ome (Official Form 106I). 18	s. \$ \$	0.00			
13.	Specify:	19	· -	0.00			
20	Other real property expenses not included in lines 4 or						
_0.	20a. Mortgages on other property	20a		0.00			
	20b. Real estate taxes	20b	· ·	0.00			
	20c. Property, homeowner's, or renter's insurance	20c	s. \$	0.00			
	20d. Maintenance, repair, and upkeep expenses	20d	· -	0.00			
	20e. Homeowner's association or condominium dues	20e	· -	0.00			
21.	Other: Specify: Auto Maintenance	21	· <u> </u>	75.00			
	Student loans Debtor		+\$	115.24			
	Student Loans Co-Debtor		+\$	179.00			
	Student Loans Co-Debtor		ıΨ	179.00			
22.	Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, f	from Official Form 106 L-2	\$ \$	2,991.82			
			·	2 204 82			
	22c. Add line 22a and 22b. The result is your monthly expe	enses.	\$	2,991.82			
23.	Calculate your monthly net income.						
	23a. Copy line 12 (your combined monthly income) from S	Schedule I. 23a	. \$	3,010.02			
	23b. Copy your monthly expenses from line 22c above.	23b	\$	2,991.82			
			_				
	23c. Subtract your monthly expenses from your monthly in The result is your monthly net income.	ncome. 23c	s. \$	18.20			
24.	Do you expect an increase or decrease in your expense For example, do you expect to finish paying for your car loan within modification to the terms of your mortgage? No.			or decrease because of a			
	Yes. Explain here:						
	LI TES. LADIAIII HETE.						

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Fill in this inform	matian ta idantifu varr					
	mation to identify your	case:				
Debtor 1	lan C Holst					
5 1	First Name	Middle Name	Las	t Name		
Debtor 2	Emilie M Holst	Maidalla Massa	1	. Name		
(Spouse if, filing)	FIRST Name	Middle Name	Las	t Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOI	S		
Case number						
(if known)					☐ Check if the amended the	
Official Forr			l Dabt	arla Caba	41.100	
Declarat	tion About a	ın Individua	i Debto	or's Sche	aules	12/15
·	8 U.S.C. §§ 152, 1341, 1	519, and 3571.				
Did you pa	y or agree to pay some	one who is NOT an atto	rney to help	you fill out bankru	ptcy forms?	
■ No						
☐ Yes. N	Name of person				Attach Bankruptcy Petition Prepa Declaration, and Signature (Offici	
	alty of perjury, I declare e true and correct.	that I have read the sur	nmary and s	chedules filed with	this declaration and	
X /s/ lan	C Holst		Х	/s/ Emilie M Hol	st	
lan C H				Emilie M Holst	- -	
Signatu	re of Debtor 1			Signature of Debto	r 2	
Date _	August 17, 2016			Date August 1	7, 2016	

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Fill ir	n this inforn	nation to identify you	case:			
Debto	or 1	Ian C Holst First Name	Middle Name	Last Name		
Debto	or 2	Emilie M Holst	Middle Name	Last Hamo		
(Spous	e if, filing)	First Name	Middle Name	Last Name		
Unite	d States Ba	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Case	number					
(if knov	vn)				_	theck if this is an mended filing
Offi	cial Fo	rm 107				
			Affairs for Individ	duals Filing for B	ankruptcy	4/16
					equally responsible for sup	
		ore space is needed, n). Answer every ques		this form. On the top of any	additional pages, write you	ir name and case
Part		,	rital Status and Where You	Lived Refere		
				Lived Belore		
1. V	vhat is you	r current marital statu	S?			
	■ Married □ Not mar	ried				
2. C	Ouring the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	No					
•	■ No □ Yes. Lis	t all of the places you li	ived in the last 3 years. Do no	ot include where you live now	'.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
			lived there			lived there
					ity property state or territory co, Texas, Washington and W	
ı	No					
	☐ Yes. Ma	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part 2	2 Explai	n the Sources of You	r Income			
4 F	id you bay	o any incomo from on	anloyment or from operating	a a business during this va	ear or the two previous cale	ndar voare?
F	fill in the total	al amount of income yo	u received from all jobs and a	all businesses, including part- e together, list it only once un	time activities.	idai years:
	□ No					
ı	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
Erom	lanuary 4	of current year until	_	,	_	,
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$16,846.74	Wages, commissions, bonuses, tips	\$8,977.75
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Ian C Holst Debtor 1 Debtor 2 **Emilie M Holst** Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$30,044.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$26,218.00 For the calendar year before that: \$0.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Amount you Dates of payment **Total amount** Was this payment for ... still owe paid

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Debto	or 2 E	milie M Holst			Cas	se number (if known)		
<i>Ir</i> of a	nsiders i f which	year before you filed for bankrupto include your relatives; any general pa you are an officer, director, person in ss you operate as a sole proprietor. 1	rtner cont	rs; relatives of any general, or owner of 20% of	neral partners; partners partners or more of their voting	erships of w g securities	hich yo ; and ar	u are a genera ny managing a	I partner; corporation gent, including one fo
	■ No □ Yes	s. List all payments to an insider.							
ı	nsider'	s Name and Address	Da	ites of payment	Total amount paid	Amount	you	Reason for	this payment
ir	nsider?	year before you filed for bankrupto			•	any proper	ty on a	ccount of a de	ebt that benefited an
	No								
] Yes	s. List all payments to an insider							
ı	nsider'	s Name and Address	Da	ites of payment	Total amount paid	Amount still	you	Reason for Include cred	this payment itor's name
Part 4	la Ide	entify Legal Actions, Repossession	ıs, aı	nd Foreclosures					
Li	ist all su	year before you filed for bankrupt uch matters, including personal injury tions, and contract disputes.							
	■ No □ Yes	s. Fill in the details.							
	Case tit Case nu		Na	ture of the case	Court or agency			Status of th	e case
		year before you filed for bankrupto		as any of your prop	erty repossessed, f	oreclosed,	garnis	shed, attached	l, seized, or levied?
	_	Go to line 11.							
_		r Name and Address	De	escribe the Property			Date		Value of the
	Jieuito	Haine and Address		plain what happene	d		Date		property
	ccount ■ No	0 days before you filed for bankrups or refuse to make a payment bec			luding a bank or fi	nancial ins	titution	ı, set off any a	mounts from your
(Credito	r Name and Address	De	escribe the action the	e creditor took		Date taken	action was	Amount
		year before you filed for bankrupt pointed receiver, a custodian, or a			erty in the possess	ion of an a	ssigne	e for the bene	fit of creditors, a
	■ No □ Yes	5							
Part 5	i: Lis	st Certain Gifts and Contributions							
	No	years before you filed for bankrup	tcy, (did you give any gift	s with a total value	of more th	an \$60	0 per person?	
		s. Fill in the details for each gift. ith a total value of more than \$600 son		Describe the gifts			Dates the gi	s you gave ifts	Value
	Person Addres	to Whom You Gave the Gift and s:							

Debtor 1

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	otor 1 Ian C Holst Otor 2 Emilie M Holst			Case number (if known)			
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.							
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo		Describe what you contributed		Dates you contributed	Value		
Par	t 6: List Certain Losses							
15.	Within 1 year before you filed for bankru or gambling?	uptcy or	since you filed for bankruptcy, did y	ou lose anytl	ning because of thef	t, fire, other disaster,		
	No							
	Yes. Fill in the details.							
	Describe the property you lost and how the loss occurred	Include	be any insurance coverage for the log the amount that insurance has paid. In the claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost		
Par	t 7: List Certain Payments or Transfer							
	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Law Office of Patrick A. Meszaros 1100 West Jefferson Joliet, IL 60435	preparir preparers	ng a bankruptcy petition?	vices required		Amount of payment \$1,135.00		
17.	Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha	ditors o	r to make payments to your creditor		r transfer any prope	rty to anyone who		
	■ No							
	Yes. Fill in the details. Person Who Was Paid		Description and value of any prop	orty	Date nayment	Amount of		
	Address		transferred	erty	Date payment or transfer was made	payment		
	Within 2 years before you filed for bank transferred in the ordinary course of yo Include both outright transfers and transfer include gifts and transfers that you have al	ur busin s made a	ess or financial affairs? as security (such as the granting of a s					
	Yes. Fill in the details.							
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made		
	Person's relationship to you							

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Case number (if known)

19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)							
	■ No □ Yes Fill in the details							
	Yes. Fill in the details. Name of trust	Description and v	value of the pro	perty trans	sferred	Date Transfer wa	as	
Do	w 9. List of Contain Financial Associate Inst	rumanta Safa Danasi	t Bayes and C	tarana Unit	.			
Pa	rt 8: List of Certain Financial Accounts, Instr	ruments, sare Deposi	t Boxes, and S	torage Uni	is			
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or	•				·		
	houses, pension funds, cooperatives, associa				it, Silales III Daliks, Cleul	dillons, brokerag	-	
	Yes. Fill in the details.							
		Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balan before closing transf	or	
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	r bankruptcy, a	iny safe de	posit box or other depos	itory for securities	,	
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?		
22.	Have you stored property in a storage unit or	place other than you	r home within 1	l year befo	re you filed for bankrupto	cy?		
	■ No							
	Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?		
Pa	rt 9: Identify Property You Hold or Control fo	,						
23.								
	■ No							
	☐ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Val	ue	
Pa	rt 10: Give Details About Environmental Inform	mation						
For	the purpose of Part 10, the following definition	ns apply:						
	Environmental law means any federal, state, of toxic substances, wastes, or material into the regulations controlling the cleanup of these s	air, land, soil, surfac	e water, groun	• .			or	
	Site means any location, facility, or property a to own, operate, or utilize it, including dispos	-	environmental	law, wheth	er you now own, operate	e, or utilize it or use	ed	
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, o		as a hazardous	s waste, ha	zardous substance, toxi	c substance,		

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 lan C Holst Debtor 2 Emilie M Holst

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No						ntal law?			
	_	Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice			
25.	Hav	e you notified any governmental unit of	any release of hazardous material?						
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice			
26.	Hav	e you been a party in any judicial or adm	ninistrative proceeding under any en	viron	mental law? Include settlements a	nd orders.			
		No Yes. Fill in the details.							
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case			
Par	t 11:	Give Details About Your Business or	Connections to Any Business						
27.	With	nin 4 years before you filed for bankrupt	cy, did you own a business or have a	any o	f the following connections to any	business?			
		☐ A sole proprietor or self-employed in	n a trade, profession, or other activit	y, eitl	her full-time or part-time				
		☐ A member of a limited liability comp	any (LLC) or limited liability partners	ship (I	LLP)				
		☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation								
		☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to Part 12.								
		Yes. Check all that apply above and fill	in the details below for each busine	SS.					
		siness Name	Describe the nature of the business		Employer Identification number				
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	•	Do not include Social Security n Dates business existed	umber or ITIN.			
28.		nin 2 years before you filed for bankrupt itutions, creditors, or other parties.	cy, did you give a financial statemen	t to a	nyone about your business? Includ	de all financial			
		No Yes. Fill in the details below.							
		me dress nber, Street, City, State and ZIP Code)	Date Issued						

Case 16-26376 Doc 1 Filed 08/17/16 Entered 08/17/16 10:40:30 Desc Main Document Page 40 of 51 Ian C Holst Debtor 1 Debtor 2 **Emilie M Holst** Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ lan C Holst /s/ Emilie M Holst Ian C Holst **Emilie M Holst** Signature of Debtor 1 Signature of Debtor 2 Date August 17, 2016 August 17, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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Fill in this informa	tion to identify your	case:						
Debtor 1	lan C Holst							
Debtor 2	First Name Emilie M Holst	Middle Name	La	st Name				
(Spouse if, filing)	First Name	Middle Name	La	st Name				
United States Bank	ruptcy Court for the:	NORTHERN DIST	RICT OF ILLING	DIS				
Case number								
(if known)						☐ Check if this is an amended filing		
						amonded ming		
Official Forr	n 108							
		n for Indiv	iduals F	iling Under Ch	anter 7	12/15		
<u> </u>			iddaio i	inig onder on	apto. 7	12,10		
	dual filing under chap	-	out this form if	:				
_	laims secured by you		ot expired.					
You must file this f whicheve	you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form							
	ole are filing together date the form.	in a joint case, bot	th are equally re	esponsible for supplying co	orrect informa	ation. Both debtors must		
	d accurate as possib r name and case nun		needed, attach	a separate sheet to this fo	orm. On the to	p of any additional pages,		
Part 1: List You	r Creditors Who Have	e Secured Claims						
information belo	w.		: Creditors Who	Have Claims Secured by F	Property (Office	cial Form 106D), fill in the		
Identify the credi	tor and the property the	nat is collateral	What do you i	ntend to do with the prope		Did you claim the property as exempt on Schedule C?		
						•		
Creditor's Car name:	max Auto Finance		☐ Surrender t	he property. property and redeem it.		□ No		
Description of	2008 Kia Rondo 10	0000 miles	Retain the	property and enter into a		Yes		
property	2000 Kia Kondo 10	oooo iiiies		ion Agreement. property and [explain]:				
securing debt:				eroporty and toxplain.				
	r Unexpired Persona							
For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).								
Describe your une	expired personal prop	perty leases			Will	the lease be assumed?		
Lessor's name:	Nissan Motor	Acceptance Corp	oration			lo		
					■ Y	'es		
Description of lease	ed 2015 Nissan V	ersa Note - Acct	25007402675					
Property:	Take out Augu	ıst 15. 2015						
	Tano out Augu	10, 2010						

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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pro _l	/s/ Ian C Holst Ian C Holst Signature of Debtor 1	X /s/ Emilie M Holst Emilie M Holst Signature of Debtor 2
•	/s/ lan C Holst	
•	, ,	X /s/ Emilie M Holst
prop	berty that is subject to an unexpired lease.	
		ed my intention about any property of my estate that secures a debt and any personal
Par	t 3: Sign Below	
	otor 2 Emilie M Holst	Case number (if known)
Del		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-26376 Doc 1 Filed 08/17/16 Entered 08/17/16 10:40:30 Desc Main Document Page 47 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	lan C Holst Emilie M Holst		Case No.	
		Debtor(s)	Chapter	7
ı D	DISCLOSURE OF COMPEN tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b			
C	ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept			800.00
	Prior to the filing of this statement I have received		\$	800.00
	Balance Due		\$	0.00
2. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. T	he source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
i. I	I have not agreed to share the above-disclosed competer	nsation with any other person	unless they are meml	pers and associates of my law firm.
[☐ I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name			
5. I	n return for the above-disclosed fee, I have agreed to ren	der legal service for all aspect	s of the bankruptcy c	ase, including:
b c.	 Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed] 	ment of affairs and plan which	may be required;	
б. В	by agreement with the debtor(s), the above-disclosed fee	does not include the following	g service:	
		CERTIFICATION		
	certify that the foregoing is a complete statement of any ankruptcy proceeding.	agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
Αι	ugust 17, 2016	/s/ Patrick A. Mes		
Da	nte	Patrick A. Mesza Signature of Attorne		
		Law Office of Pat	rick A. Meszaros	
		1100 W. Jefferso Joliet, IL 60435	n Street	
		815-722-4001 Fa		
		PatrickMeszaros	@Yahoo.com	
		Name of law firm		

United States Bankruptcy Court Northern District of Illinois

In re	lan C Holst Emilie M Holst		Case No.	
		Debtor(s)	Chapter	7
	V	VERIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors: _	29
	The above-named Debtor (our) knowledge.	(s) hereby verifies that the list of credi	tors is true and	correct to the best of my
_		/s/ lan C Holst		
Date:	August 17, 2016	Ian C Holst		
	August 17, 2016 August 17, 2016			

Account Resolution Services 1801 NW 66th Ave Suite 200 Fort Lauderdale, FL 33313

BCA Financial 18001 Old Cutler Road Ste 462 Miami, FL 33157

Best Buy/CBNA PO Box 6497 Sioux Falls, SD 57117-6497

Carmax Auto Finance PO Box 3174 Milwaukee, WI 53201

Citi Cards PO Box 78045 Phoenix, AZ 85062-8045

CMRE Financial Services, Inc. 3075 E. Imperial Hwy. #200 Brea, CA 92821-6753

Comenity Bank/ Carsons PO Box 182789 Columbus, OH 43218

Commonwealth Financial 245 Main Street Scranton, PA 18519

Discover FIN SVCS LLC Attn: Bankruptcy Dept. PO Box 15316 Wilmington, DE 19850

Eagle Recovery Assoc Payment Processing Center 2601 W Forrest Hill Avenue Peoria, IL 61604 Encore Receivable Management 400 N. Rogers Rd. PO Box 3330 Olathe, KS 66062

Federal Loan Servicing Credit PO Box 60610 Harrisburg, PA 17106

FMA Alliance, Ltd. P.O. Box 2409 Houston, TX 77252-2409

Foot and Ankle Associates 4650 Southwest Highway Oak Lawn, IL 60453

Harris & Harris, Ltd. 111 West Jackson Boulevard Suite 400 Chicago, IL 60604

Home Med Care 1916 Ridge Road Homewood, IL 60430

Ingalls Memorial Hospital One Ingalls Drive Harvey, IL 60426

Kohl's Payment Center P.O. Box 2983 Milwaukee, WI 53201-2983

Lighthouse Wellness Centers 5320 159th Street Ste 100 Oak Forest, IL 60452

Nissan Motor Acceptance Corporation Attn: Bankruptcy 8900 Freeport Parkway Irving, TX 75063-2438 North Shore Agency PO Box 9205 Old Bethpage, NY 11804-9005

Radiology Imaging Consultants 75 Remittance Drive Dept 1254 Chicago, IL 60675-1254

Radiology Imaging Consultants P.O. Box 1074 Harvey, IL 60426

Remittance Processing PO Box 2983 Milwaukee, WI 53201-2983

Sears Master Card PO Box 6282 Sioux Falls, SD 57117-6282

Sirius XM Radio Inc PO Box 9001399 Louisville, KY 40290

Synchrony Bank /LensCrafters PO Box 965036 Orlando, FL 32896-5036

Synchrony Bank/Amazon PO Box 960013 Orlando, FL 32896-0013

Synchrony Bank/Care Credit PO Box 960061 Orlando, FL 32896-0013